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PTO/SB/21 (09-08) Approved for use through 10/31/2008. OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE inder the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number 10/563 954 Filing Date TRANSMITTAL January 10, 2006 First Named Inventor **FORM** Werner PFEIFFER Art Unit **Examiner Name** R. J. Popovics (to be used for all correspondence after initial filing) Attorney Docket Number 50244 Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC Fee Transmittal Form Drawing(s) Appeal Communication to Board Licensing-related Papers Fee Attached of Appeals and Interferences Appeal Communication to TC Petition (Appeal Notice, Brief, Reply Brief) Amendment/Reply Petition to Convert to a Proprietary Information After Final **Provisional Application** Power of Attorney, Revocation Status Letter Affidavits/declaration(s) Change of Correspondence Address Other Enclosure(s) (please Identify Terminal Disclaimer **Extension of Time Request** below): Request for Refund **Express Abandonment Request** CD, Number of CD(s) Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(s) Postcard Receipt Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53

| Firm Name    | Roylance, Abrams, Berdo & Goodman, L.L.P. |          |          |
|--------------|---|----------|----------|
| Signature    | May Buh                                   | · .      |          |
| Printed name | Mark S. Bicks                             |          |          |
| Date         | November 7, 2008                          | Reg. No. | 28,770 . |

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This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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| Applicant claims small entity status. See 37 CFR 1.27   TOTAL AMOUNT OF PAYMENT (check all that apply)  |  |                      |                         |                      |                  |                                       |                |                       |  |         |         |  |  |  |
| METHOD OF PAYMENT (check all that apply)   ✓ Check Credit Card Money Order None Other (please identify):  ✓ Deposit Account Oeposit Account, the Director is heroby authorized to: (check all that apply)  — Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee  ✓ Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee  ✓ Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee  ✓ Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments  WARNING: Information on this form may become public. Credit card Information abouted not be included on this form. Provide credit card Information authorization on PLO-2038.  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES  FILING FEES  SEARCH FEES  SEARCH FEES  SEARCH FEES  Seal Entity  Application Type  Fee (5)   | Applicant cl   | Art Unit             | <del></del>             |                      |                  |                                       | 7              |                       |  |         |         |  |  |  |
| Check   | TOTAL AMOUN  | T OF PAYMENT         | (\$)                    | 490                  |                  |                                       |                |                       |  | ブ       |         |  |  |  |
| Poposit Account Deposit Account Number: 18-2220   Deposit Account Name:   | METHOD OF F  | PAYMENT (chec        | k all that ap           | ply)                 | =                |                                       |                |                       |  |         |         |  |  |  |
| Deposit Account Deposit Account Number: 18-2220   Deposit Account Name:   | Check Credit Card Money Order None Other (please identify):  |                      |                         |                      |                  |                                       |                |                       |  |         |         |  |  |  |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)    Charge fee(s) indicated below, except for the filling fee   Charge fee(s) indicated below, except for the fee   Charge fee(s) indicated below, except for the fee   Charge  | Deposit Ac   |                      |                         |                      |                  |                                       |                |                       |  |         |         |  |  |  |
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| Information and authorization on PTO-2038.   FEE CALCULATION  | WARNING: Informa   | der 37 CFR 1.16 a    | nd 1.17<br>av become pu | blic. Credit card in |                  | •                                     |                | orm. Provide          | credit card                            | 4       |         |  |  |  |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES   FILING FEES   Small Entity   Fee (\$)   Fee (\$) |  |                      |                         |                      |                  |                                       |                |                       |  | _       |         |  |  |  |
| Samplication Type   | FEE CALCULA  | ATION                |                         |                      |                  |                                       |                |                       |  | 4       |         |  |  |  |
| Application Type  | 1. BASIC FILIN   |                      |                         |                      |                  |                                       | INIATIONIE     | EEC                   |  |         |         |  |  |  |
| Utility   330   165   540   270   220   110   |  |                      | Small En                |                      |                  |                                       |                |                       |  |         |         |  |  |  |
| Design   220   110   100   50   140   70  |  | -                    |                         |                      |                  | · · · · · · · · · · · · · · · · · · · |                | 1                     | Fees Paid (\$)                         |         |         |  |  |  |
| Plant   220   110   330   165   170   85  | T T  |                      |                         |                      |                  |                                       |                | _                     |  | :       |         |  |  |  |
| Reissue   |  |                      |                         |                      | 50               |                                       |                | _                     |  |         |         |  |  |  |
| Provisional 220 110 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0   | Plant  | 220                  | 110                     | 330                  |                  |                                       | 85             | _                     |  |         |         |  |  |  |
| 2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Each independent claims  Total Claims  Total Claims  Extra Claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof.  Total Sheets  Fee (\$)  Fee Paid (\$)  Total Sheets  Fee Paid (\$)  Telephone (202) 659-9076  |  | 330                  | 165                     | 540                  | 270              | 650                                   | 325            | _                     |  |         |         |  |  |  |
| Fee Description  Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  14 - 20 or HP = 0 x 50 = 0  HP = highest number of total claims paid for, if greater than 20.  Indee, Claims  Extra Claims  Fee (\$) Fee Paid (\$)  Pee Paid (\$)  Fee Paid (\$)  Sumber of each additional 50 or fraction thereof  Fee Paid (\$)  Fee Paid   | Provisional  | 220                  | 110                     | 0                    | 0                | 0                                     | 0              | _                     |  |         |         |  |  |  |
| Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  14 - 20 or HP = 0  | Fee Description  | <u>on</u>            | <b>D</b> .              |                      |                  |                                       |                | (\$) <u>F</u>         | ee (\$)                                |         |         |  |  |  |
| Multiple dependent claims  Total Claims  Total Claims  Extra Claims  Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$) Fee Paid (\$)  Pee Paid (\$)  APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  - 100 = /50 = /(cround up to a whole number) x = -/(cround up to a whole number) x = -   |  |                      |                         |                      |                  |                                       |                |                       |  |         |         |  |  |  |
| Total Claims  Extra Claims  Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Extra Claims  Fee (\$) Fee Paid (\$)  2 - 3 or HP = x 210 = HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$) Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Total Sheets  Fee Paid (\$)  Fee Paid (  |  |                      |                         |                      |                  |                                       |                |                       |  |         |         |  |  |  |
| HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  2 - 3 or HP = x 210 = HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  (round up to a whole number) x = Hees Paid (\$)  A. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 2-Month EOT  Registration No.  (Attorney/Agent)  Registration No.  (Attorney/Agent)  Telephone (202) 659-9076   |  | e Paid (\$)          |                         | <u>Multi</u>         | ple Depend       | dent Claims                           |                |                       |  |         |         |  |  |  |
| Indep. Claims  2 - 3 or HP = x 210 =   HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  - 100 = /50 = (round up to a whole number) × =   4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 2-Month EOT  Registration No. (Attorney/Agent)  Registration No. (Attorney/Agent)  Telephone (202) 659-9076  |  |                      |                         |                      | 0                |                                       | Fee            | <u>(\$)</u>           | Fee Paid (\$)                          | 1       |         |  |  |  |
| HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  | Indep. Claims  | Extra                |                         |                      | e Paid (\$)      |                                       |                | <del></del>           |  |         |         |  |  |  |
| 3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  |  |                      |                         |                      |                  |                                       |                |                       |  |         |         |  |  |  |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets   | 3. APPLICATION   | ON SIZE FEE          | • •                     | _                    |                  |                                       |                |                       |  |         |         |  |  |  |
| sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  - 100 =  | If the specific  | ation and drawing    | ngs exceed :            | 100 sheets of pa     | per (excludir    | ng electroni                          | cally filed    | sequence o            | or computer                            |         |         |  |  |  |
| 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 2-Month EOT  SUBMITTED BY Signature  Registration No. (Attorney/Agent)  Registration No. (Attorney/Agent)  Registration No. (Attorney/Agent)  Telephone (202) 659-9076   |  |                      |                         |                      |                  |                                       |                | y) for each           | additional 30                          |         |         |  |  |  |
| 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 2-Month EOT  SUBMITTED BY Signature  Registration No. (Attorney/Agent)  Registration No. (Attorney/Agent)  Telephone (202) 659-9076  | Total Shee   |                      |                         |                      | ch additional to | 50 or fractio                         | n thereof      | Fee (\$)              | Fee Paid (\$)                          |         |         |  |  |  |
| Other (e.g., late filing surcharge): 2-Month EOT  SUBMITTED BY  Signature  Registration No. (Attorney/Agent) 28,770  Telephone (202) 659-9076   | 4. OTHER FEE(S)  Fees Paid (\$)  |                      |                         |                      |                  |                                       |                |                       |  |         |         |  |  |  |
| Signature Registration No. (Attorney/Agent) 28,770 Telephone (202) 659-9076   |  |                      |                         |                      |                  |                                       |                |                       |  |         |         |  |  |  |
| Signature Registration No. (Attorney/Agent) 28,770 Telephone (202) 659-9076   | SUBMITTED BY   |                      |                         |                      |                  |                                       |                |                       |  |         |         |  |  |  |
|   |  | Moud                 | Bules                   |                      | Registration N   | lo.<br>28,770                         | Te             | elephone (20          | 02) 659-9076                           |         |         |  |  |  |
|   |  |                      |                         |                      |                  |                                       | Da             | Date November 7, 2008 |  |         |         |  |  |  |

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